

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

WILLIE JAMES CLEMMONS, JR.)
Plaintiff,)
v.)
SHERIFF HERBIE JOHNSON, et al.,)
Defendants.)

2008 MAY 27 P 3:17

CASE NO.-2:08-CV-243-WHA

SUPPLEMENT TO DEFENDANT PAULA MOATE'S SPECIAL REPORT

Comes now the Defendant, Paula Moates, by and through counsel of record, Wayne P. Turner, and respectfully submits this supplement to her original special report filed on May 14, 2008 as ordered by this Honorable Court on May 14, 2008.

Documents

Amended Affidavit of Paula Moates (Exhibit 1)

Affidavit of Johnny E. Bates, M.D. (Exhibit 2)

Medical Records of Mr. Willie James Clemons, Jr. (Exhibit 3)

Respectfully submitted this the 27 day of May, 2008.



Wayne P. Turner
Attorney for Defendant Moates

OF COUNSEL:

Wayne P. Turner, Esq.
Bar Number: ASB7227T80W
Attorney for Defendant Bates
1505 Madison Avenue
Montgomery, AL 36107
(334) 420-6560 Telephone
(334) 265-9299 Facsimile
waynetlaw@aol.com

CERTIFICATE OF SERVICE

I hereby certify that I have this 27th day of May, 2008, I filed the foregoing with the Clerk of the Court sending a hard copy via US Mail, postage prepaid and properly addressed to:

Willie J. Clemons, Jr.
Pro Se
1417 County Road 161
Marbury, Alabama 36051

Robert J. Faulk, Esq.
145 W Main Street
Prattville, Alabama 36067

/s/ Wayne P. Turner
OF COUNSEL

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

WILLIE JAMES CLEMMONS, JR.)
Plaintiff,)
v.)
SHERIFF HERBIE JOHNSON, et al.,)
Defendants.)

CASE NO.-2:08-CV-243-WHA

AFFIDAVIT

Before me, the undersigned authority, personally appeared Paula Moates, who, after first being duly sworn, says as follows:

"My name is Paula Moates. I am a nurse employed by Quality Corrections Healthcare and assigned to Autauga Metro Jail.

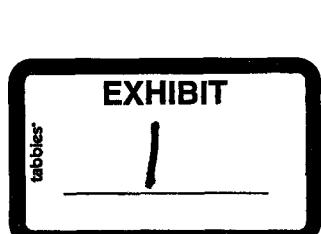
On March 22, 2008 I saw Mr. Willie James Clemons for a history and physical. One of the questions I asked him was, "Are you suicidal?" Mr. Clemons answered "yes." I asked him again "so you want to commit suicide?" he answered "yes" again. Thinking maybe that he did not understand I asked him a third time "Do you want to kill yourself?" He stated "yes." I then informed an officer that he needed to go on suicide watch. The officer then told Mr. Clemons that he had to go to isolation for suicide watch and asked him if he was really suicidal. Mr. Clemons answered the officer stating "yes I am."

While in isolation, Mr. Clemons refused to take his medicine. He stated to me, "I am not taking anything from you lady. Someone will be coming to see you in a couple of days."

During his incarceration Mr. Clemons complained of his pacemaker not being checked regularly. I informed Mr. Clemons that the facility did not have a machine to check his pacemaker. Mr. Clemons stated he had one at home. I asked Mr. Clemons if he could get his family to bring the machine to me and I would check his pacemaker. Mr. Clemons said that he would call his family. I never received a pacemaker machine in order to check Mr. Clemons pacemaker.

During his incarceration Mr. Clemons complained of head and neck pain. He was given Motrin and thereafter did not complain of any such pain.

EXHIBIT



Paula Moates

Paula Moates

SWORN TO and SUBSCRIBED before me this 22 day of May, 2008.

Paula Moates
NOTARY PUBLIC
My Commission Expires: 1/22/2012

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

WILLIE JAMES CLEMMONS, JR.

RECEIVED

Plaintiff,

2008 APR 22 P 1:44

v.

CASE NO.-2:08-CV-160-WKW
DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

SHERIFF HERBIE JOHNSON, et al.,

Defendants.

AFFIDAVIT

Before me, the undersigned authority, personally appeared Johnny E. Bates, M.D., who, after first being duly sworn, says as follows:

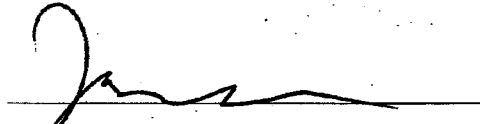
"My name is Johnny E. Bates, M.D. I have been licensed to practice medicine in the State of Alabama since 1985 and I am also licensed in the State of Tennessee. I am board certified in internal medicine. I provide medical services to inmates at the Autauga County Detention Facility pursuant to a contract with Autauga County. The following is a summary of the facts surrounding my relationship with the Plaintiff, Willie James Clemons, Jr. In preparing such summary I have reviewed Willie James Clemons, Jr.'s medical record, a copy of which is attached hereto as "Exhibit A," I have conferred with my nurse, and I have relied upon my own independent recollection.

Mr. Clemons' complaint regarding medical care appears to relate to his pacemaker. In that regard, the medical records from his cardiologist have been obtained and are attached hereto as "Exhibit B." The purpose of a pacemaker is to maintain a normal rhythm in the event the heart's natural rhythm is altered for various reasons. In this case, the record is clear that Mr. Clemons' pulse has always been above 60, even with the use of Clonidine to control his blood pressure, which can cause low heart rates. Pacemakers do not fire until a heart rate drops below 60. The original



EKG revealed a normal sinus rhythm which negates the need for the pacemaker.

With regard to Mr. Clemons' claim that he needs a new pacemaker or a new battery, it is clear from the cardiologist records that neither claim is true. The life expectancy of modern pacemakers is between 8-15 years with the majority lasting longer than 10 years. Mr. Clemons' pacemakers has several years of useful life remaining.



JOHNNY E. BATES, M.D.

SWORN TO and SUBSCRIBED before me this 21 day of April, 2008.



NOTARY PUBLIC

My Commission Expires: 1/22/2012

Chronological Events Related to the Care of Willie James Clemons, Jr.

Exhibit I. Sick call request dated 1/21/08.

Summarization: Inmate had numerous complaints

1. Chest pains
2. Lower Stomach Pain
3. Headache
4. Need Mental Health Medications
5. Toothache

Findings and treatment.

Evaluated by nurse who documented the following on the same day as the request:

Chest pains occurred prior to incarceration

Stomach pains actually occurred 3 days before.

Told nurse at that time that the pacemaker was put in 2008.

Exam was normal with exception of an elevated BP of 180/100.

Placed on Ibuprofen because of sharp stabbing chest pains which are generally musculoskeletal,
Note the pulse was 62.

Exhibit II. Physician notes

First exam 1/21/08

Same day as sick call request.

Complained of sharp chest pains around his pacemaker.

No shortness of breath, no palpitations, patient was unable or unwilling to give me much in the way of a history.

Pulse 60 BP 144/110 R20 O2 Sat. 99%

Findings and Treatment.

Exam was normal except for some mild chest wall tenderness at pacemaker insertion site.

Hypertension

History of Mental Health Issues – although not documented in my note the inmate was lucid and did not appear delusional or psychotic in any sense of the word,

Treatment consisted of obtaining medical records to document time and reason for pacemaker insertion. (See Attached Records Request) Observation and obtainment of baseline EKG. (See attached EKG). Placed on Clonidine to control BP (see medical orders).

Exhibit III. Sick call request dated 1/29/08

Inmate complained of toothache, Evaluated by nurse placed on Dental list and given Ibuprofen for pain.

Note Pulse is 68. BP down to 144/90.

Exhibit IV. Physician Note dated 2/17/08.

Patient complained of toothache and stated pacemaker was placed in 2000 instead of 2008.

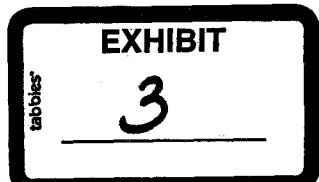
Pulse noted again to be 65.

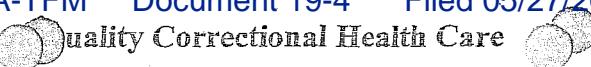
F/U scheduled with Dentist.

Exhibit V. Offsite Dental Care rendered on 2/19/08.

See Off-site Dental Consult Report. Two teeth extracted #12, #13.

Again placed on Motrin by Dentist for Dental Pain.





TUBERCULIN PPD FOR INMATES

Please read the following information about tuberculosis.

What Is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What Are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

INITIAL SKIN TEST	
Date Given:	<u>1/21/08</u>
Site Given:	<u>Q arm</u>
Lot #:	<u>C2805AA</u>
Nurse:	<u>P. Moates, Jr</u>
Date Read:	<u>1/24/08</u>
Size:	<u>8</u> mm
Nurse:	<u>D. Matthes, Jr</u>

I agree to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Willie Clemmons
Inmate Signature

1/21/08
Date

Ronita Moates, Jr
Witness Signature

1/21/08
Date

Inmate Name: _____ ID# _____

Location: _____

QCHC SICK CALL REQUEST

Check one:

 Dental Medical Mental HealthName: Willie J. Clemmons Inmate I.D. Number _____

Social Security No. _____

Housing Unit D-783

Medical Problem (be specific): I need Nitro medication for my hart, I need a new Pace maker for my hart, I need my mental health medication because I can sleep and I hear voices, I also need my old monitorized, I need medical

Inmate's Signature Willie J. Clemmons Date 2-18-08 Time FOR A Paining tooth.

FOR MEDICAL UNIT USE ONLY

S: _____

O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

A: _____

P: _____

E: _____

2/18/08

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

Name: WILLIE S. LEWIS Inmate I.D. Number: 5427-08

Social Security No. _____

Housing Unit W-703Medical Problem (be specific): I have a toothache from a bad teeth that need to be pull.Inmate's Signature Willie Lewis Date _____ Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

O: T 97^b P 68 RR 20 BP 144/90 WT _____ Pulse Ox 99 %broken tooth & cavity (L) ↑ backA: toothacheP: Ibu 800mg i Po BID x 3 days
Put on dental list

E: _____

Disposition:

Dawn D'Amato, LPN 1/29/08

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____



CONFIDENTIAL FACSIMILE COVER SHEET

If this facsimile is received in error, please notify Sender.

Date: 2/7/08 Pages (Including Cover Sheet) 2

To: _____ Sender: J. Lawrence RN ^{Autauga} Metro Jail

Fax Number: _____ Fax Number: 334 358-4827

Phone Number: _____ Phone Number: 334-361-2606

Urgent For Your Review Reply ASAP Please Comment

Comments: _____

Autauga Metro Jail

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If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.

Name: Willie J. Clemmons Inmate I.D. Number _____Social Security No. 418-74-8366Housing Unit 2 703

Medical Problem (be specific): I need medication for I had teeth that need pulling. (1) I can't sleep at night

(2) hearing voices I need my mental health medication

(3) I need my pacemaker monitoring. (4) my blood pressure is high all the time

Inmate's Signature Willie J. Clemmons Date 1-6-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

O: T 97² P 71 RR 20 BP 142/88 WT _____ Pulse Ox 99 %

A: _____

P: On Dental list = Appt

Metformin 400 mg BID X 7 days

Obtain records

E: faxed request
3/1/08

Disposition: _____

Nursing Protocol: _____

Provider's Signature: John Lawrence Jr Date 2/8/08 Time _____Referred to Physician Appointment Date _____ Time _____

CHC SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie Clemons Inmate I.D. Number _____

Social Security No. _____

Housing Unit _____

Medical Problem (be specific): I am having Pains from broken tooththat was left in my gums by the Dentist. I am still suffering from the
pains due to the fact that I need nitro medication and a new pace
replacement, I need my mental health medication and Hepatitis C treatment.Inmate's Signature Willie Clemons Date 2-25-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

_____O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

_____A: _____

_____P: Delete in MH records & medical
records

_____E: _____

_____Disposition: _____

_____Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

QCHC SICK CALL REQUEST

Check one: Dental Medical Mental Health
 Name: Willie Clemons Inmate I.D. Number _____
 Social Security No. 7
 Housing Unit _____

Medical Problem (be specific): I had a black out and getting out of bed and slip ~~on~~ down and hurt my back an neck I also need blood P. pills, for my H. blood P.
 Inmate's Signature Willie J. Clemons Date 2-26-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: Dr pulled my tooth & left some in there. I need some pain pills

O: T 98.3 P 83 RR 20 BP 140/90 WT _____ Pulse Ox 98 %

A: _____

P: Metformin 800 mg BID X 3 days

E: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: Lorraine Date 2/26/08 Time _____

Referred to Physician Appointment Date _____ Time _____

INMATE SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie J. Clemmons Inmate I.D. Number _____

Social Security No. _____

Housing Unit _____

Medical Problem (be specific): I still have tooth aches because I still have a tooth to be pull. I still need my pace maker replacement and mouth rinsed. I also needs my mental health medication, my neck and back Pains

Inmate's Signature Willie Clemmons Date 2-4-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____
_____O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

_____A: _____
_____P: _____
_____E: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

QCHC Off-Site Consultation Request

FROM: Autauga County Jail
 Phone Number: (334) 358-3729 Ext: 226
 Fax: (334) 358-4827

BILL TO: QCHC, Inc.
 200 Narrows Parkway, Suite A
 Birmingham, AL 35242
 Corporate Number (205) 437-1512

Date & Time: 2/19/08 1100 AM Patient's Name: Willie Clemons

DOB: 1/10/49 SS #: 418-74-8266 Sex: M F Inmate Loc: 7

Site Contact: Paula Motes, Jr Off-Site Facility: Dr. Roberson

Off-Site Address & Phone # 365-2238

Complaint/Significant Medical Data (Chronic conditions, allergies, current meds, lab & x-ray results, treatments, etc.)

CC: pain U.L.

DX: Broken infected #12, 13

Instructions to Off-Site Provider: Authorization is provided ONLY for requested procedure and treatment of life-threatening conditions. Prior approval from QCHC's Medical Director is required for additional procedures or hospitalization. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. Because of security concerns, inmates must NOT be informed of follow-up appointments or possible hospitalization. Please note we have a NO NARCOTIC policy. Complete bottom portion of this Off-Site Consultation form and return in a sealed envelope with the Correctional Officer when the inmate is returned to the facility or fax to the site fax number listed above. Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Significant Findings/Tests Completed/Diagnosis:

TRB

Treatment Provided: TX/ 3-C-ext # 12-13

Orders/Recommendations: rx Diphenen 800 mg bid X 3 day

✓ 2 lbs. 100

Date/Time: 19 Feb 08

MD

JDR

Last	First	Middle Initial
Name _____	Inmate # _____	
Date _____	Allergies _____	Facility _____
SIG.		
Physician Signature:		

Last	First	Middle Initial
Name <u>Clemmons, Willie</u>	Inmate # _____	
Date <u>2/25/08</u>	Allergies _____	Facility <u>AMJ</u>

SIG. *Needs renewal of clonidine 0.1mg po BID*
2/25/08 ✓

Physician Signature: OK per 1/10 Dr Bates / A Lawrence et al

Last	First	Middle Initial
Name <u>Clemmons, Willie</u>	Inmate # _____	
Date <u>2-19-08</u>	Allergies <u>NKDA</u>	Facility _____

Ibu 800mg Bid x 3 days
2/25/08 ✓

w/ Dr. R. Rederson / A. Joseph

Last	1 st	Middle Initial
Name <u>Clamens</u>	<u>Willie</u>	
Date <u>11-21-108</u>	Allergies <u>NKA</u>	Inmate # <u>7</u>
		Facility <u>Autauga</u>

Ibu 800mg BID x 3 day

1-21-08

NPO | Dr. Bates | P. M. Bates, Jr.

2

Physician Signature:

Last	First	Middle Initial
Name <u>Clemon</u>	<u>Willie</u>	
Date <u>1-21-08</u>	Allergies _____	Inmate # _____
		Facility _____

)) Get Multi Pearl -

2) *Amphibolite* D. by P. B. S. X 381

31 Basile EK6

Physician Signature:

[Signature]

3

Last	First	Middle Initial
Name Clemons	Willie	
Date 1/29/88	Allergies NKA	Inmate #
		Facility Atlanta Metro

Ibu 800mg + po BID x 3 days

2/11/08

Put on dental list

NPD/Dr. Bates / P. Meates, Len

3

QUALITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATION

Willie Clemmons
Name of Inmate
(Clemmons)

418-74-8266 1/10/49
Inmate ID Number / Date of Birth

Facility Releasing Information

2/25/08
Date

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

- Records related to treatment of Cardiac from 2006 to present
- Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.
- Admission Reports Discharge Reports Operative Summary Reports
- X-Ray Reports Special Studies Reports Laboratory Reports
- Immunization History Mental Health Reports Psychiatric Summary Report
- Drug Treatment History and Counseling
- Other Records _____

Autauga Metro Jail
Facility/Provider to Receive Information

334-358-4827

Please Send Records to:

No Records Found ()

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

X Willie Clemmons
Inmate Signature

2-25-08
Date

Witness

Witness

05/27/2008 10:30 AM 0000000000



CONFIDENTIAL FACSIMILE COVER SHEET

If this facsimile is received in error, please notify Sender.

Date: 2/7/08

Pages (Including Cover Sheet) 2

To: _____

Sender: John Lawrence ^{Autauga} _{Metro Jail}

Fax Number: _____

Fax Number: 334 358-4827

Phone Number: _____

Phone Number: 334-361-2606

Urgent

For Your Review

Reply ASAP

Please Comment

Comments: _____

Autauga Metro Jail

No cardiac record at Baptist South

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BRIEFLY STATE THE PROBLEM YOU NEED ASSISTANCE WITH:

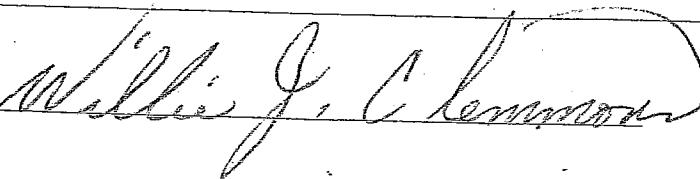
NOTE: If you follow instructions in preparing your request, it can be handled in a timely manner.
Failure to specifically state your request may result in no action being taken.

The medical STAFF is sending out for my medical Records in the wrong name by not spelling my name correctly my correct name is Willie J. Clemmons and not Willie S. Clemmons

So I hope this information will be some help to the medical STAFF in getting my medical Records so I can get the medical treatment I need as soon as possible

I thank you all for the time and consideration concerning this matter

INMATE NAME:



POD ASSIGNMENT: _____

***** DO NOT WRITE IN THIS SPACE *****

SPOSITION:

CER'S SIGNATURE

DATE

04/07/2008 10:30 AM

QUALITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATIONWillie Clemmons

Name of Inmate

418-74-8266 1/10/49

Inmate ID Number / Date of Birth

Dr. Thomas Woods

Facility Requesting Information

2/7/08Baptist Health Hospital 386-3243

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

Records related to treatment of Pace-maker from 2006 to Present

Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

- | | | |
|--|--|---|
| <input type="checkbox"/> Admission Reports | <input type="checkbox"/> Discharge Reports | <input type="checkbox"/> Operative Summary Reports |
| <input type="checkbox"/> X-Ray Reports | <input type="checkbox"/> Special Studies Reports | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Immunization History | <input type="checkbox"/> Mental Health Reports | <input type="checkbox"/> Psychiatric Summary Report |
| <input type="checkbox"/> Drug Treatment History and Counseling | | |
| <input type="checkbox"/> Other Records | | |

Autauga Metro Jail

Facility/Provider to Receive Information

334-358-4827

Please Send Records to:

No Records Found ()

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

Willie C. Clemmons

Inmate Signature

Date

Witness:

QUALITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATION

Willie Clemmons 418-74-8266 1/10/49
Name of Inmate Inmate ID Number / Date of Birth

Prattville Mental Health 2/25/08
Facility Releasing Information Date

Autauga County

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

- | | | |
|--|---|--------------------------------|
| () Records related to treatment of _____
from _____ to _____ | () Discharge Reports | () Operative Summary Reports |
| () Admission Reports | () Special Studies Reports | () Laboratory Reports |
| () X-Ray Reports | (X) Mental Health Reports | () Psychiatric Summary Report |
| () Immunization History | () Drug Treatment History and Counseling | |
| () Other Records _____ | _____ | |

Autauga Metro Jail
Facility/Provider to Receive Information

Please Send Records to:

No Records Found ()

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of person to whom it pertains.

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I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

Willie Clemmons 2-25-08
Inmate Signature Date

Witness

Witness



CONFIDENTIAL FACSIMILE COVER SHEET

If this facsimile is received in error, please notify Sender.

Date: 2/11/08 Pages (Including Cover Sheet) 2

To: Dr. Thomas Woods Sender: Paula Moates, Lc

Fax Number: 334-386-4175 Fax Number: 334-358-4827

Phone Number: 334-613-0807 Phone Number: 334-361-2606

Urgent For Your Review Reply ASAP Please Comment

Comments: _____

Re: Willie Clemons

Attn: Gail

FAXED
2/11/08

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CITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATIONWillie Clemmons

Name of Inmate

418-74-8266 1/10/49

Inmate ID Number / Date of Birth

Dr. Thomas Woods

Facility Releasing Information

2/7/08

Date

Baptist Hosp Montg 286-3343 613-0807

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

- Records related to treatment of Pace maker
from 2006 to Present
- Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.
- Admission Reports Discharge Reports Operative Summary Reports
- X-Ray Reports Special Studies Reports Laboratory Reports
- Immunization History Mental Health Reports Psychiatric Summary Report
- Drug Treatment History and Counseling
- Other Records _____

Autauga Metro Jail

Facility/Provider to Receive Information

334-358-4827

Please Send Records to:

No Records Found ()

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of person to whom it pertains.

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I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

Willie Clemmons

Inmate Signature

Date

FAXED
2/7/08J. Lawrence

Witness

Witness

q

Case 2:08-cv-00243-WHA-TFM

Document 194

*** CONSIDER ACUTE ST ELEVATION MI ***

Sinus rhythm

Filed 05/27/2008 Page 22 of 50

D.O.B.: 01/10/1949 59 YEARS
 MALE BLACK
 Meds:
 Class:
 Dr: Bates
 Tech: Moates

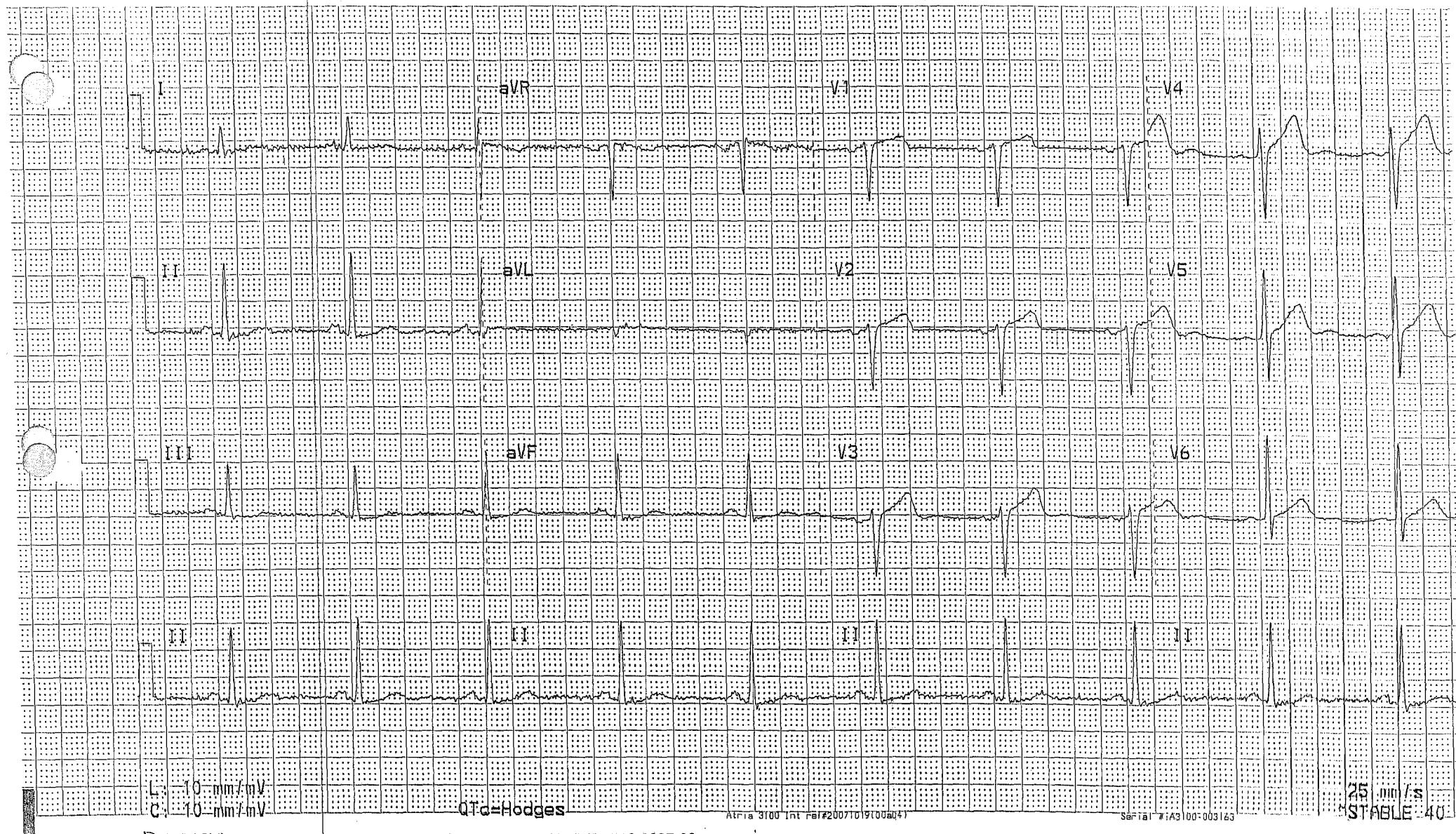
Vent. Rate: 61 bpm
 RR Interval: 970 ms
 PR Interval: 150 ms
 QRS Duration: 82 ms
 QT Interval: 406 ms
 QTc Interval: 407 ms
 QT Dispersion: 54 ms
 P-R-T AXIS: 65° 67° 36°

Poor R wave progression - probable normal variant
 Anteroseptal ST elevation, CONSIDER ACUTE INFARCT

Abnormal ECG

* Unconfirmed Analysis

Comment: standard ecg



DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN								
1/21/08		<p>S Pt is 4yo. She's chipping and bit her hand. <u>15</u> ft from surface of bench. I pulled tooth & give a shot in the way of numbing him.</p> <p>o - BP 147/110 P 60 R 20 Aft. Sat 99%</p> <p>On WO the fluid make no distinction by d.</p> <p>Not RR</p> <p>Mild chipping will tolerate</p> <p>4-1 Hx of Hypoxia</p> <p>2) Hx of Mild Hand Pain</p> <p>1-1 Observe all areas</p> <p>2) Iritis</p> <p>3) Barking EKG</p> <p style="text-align: center;">✓</p>								
2/21/08		<p>S Pt is 4yo. total. At the bench his punch ended in 2008.</p> <p>2. But both you note painless - but EKG and see after 5 puncture. Pulse Hg 65.</p> <p>4-1 Rx tooth</p> <p>2) Pain</p> <p>1-1 Rx up 2nd is Dittel.</p> <p style="text-align: center;">✓</p>								
		<table border="1"> <tr> <td>NAME- LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>DOB</td> </tr> <tr> <td>Clemens</td> <td>Willie</td> <td></td> <td></td> </tr> </table>	NAME- LAST	FIRST	MIDDLE	DOB	Clemens	Willie		
NAME- LAST	FIRST	MIDDLE	DOB							
Clemens	Willie									

Check one:

 De Medical Mental HealthName: Willie Clemons Inmate I.D. Number _____

Social Security No. _____

Housing Unit 7

Medical Problem (be specific):

I have chest pains, I suffer from lower stomach neck pains, head aches
I need mental health medications, tooth aches

Inmate's Signature Willie Clemons Date _____ Time _____

FOR MEDICAL UNIT USE ONLY

S: States, "I have regular BM's. Had chest pains before coming in. Started having stomach pain 3 days ago."

O: T 97 P 62 RR 18 BP 180/102 WT _____ Pulse Ox 98 %

Go sharp pains around lower abdomen to back. "10" pain. Sharp pains in chest "9".

Has pacemaker (1) chest area, pacemaker put in 2008.

A: Chest congestion noted. B/s x 4 quad. Pressure on Chest. Tim states "I'm on mental health meds, desoxyl, depakote."

P: Ibu 800mg BID X 3 days.

E: _____

Disposition: _____

Nursing Protocol: D/Martin, RNProvider's Signature: _____ Date 1/21/08 Time _____Referred to Physician Appointment Date _____ Time _____B
P

JACKSON HOSPITAL & CLINIC, INC.
1235 FOREST AVENUE
MONTGOMERY, ALABAMA 36106

CARDIAC CATHETERIZATION REPORT

Name: CLEMMONS, WILLETT J.
Physician: WOOL

Hosp No: 387963

Room No: 319

Date: 1/7/91

PREOP DIAGNOSIS: CHEST PAIN.

POSTOP DIAGNOSIS: CHEST PAIN.

PROCEDURE: LEFT HEART CATHETERIZATION, CORONARY AND LEFT VENTRICULAR CINEANGIOGRAPHY.

DESCRIPTION OF PROCEDURE: THIS PATIENT WAS BROUGHT TO THE CARDIAC CATH LAB IN THE POSTABSORPTIVE STATE. LEFT HEART CATHETERIZATION WAS CARRIED OUT WITHOUT DIFFICULTY USING A RIGHT FEMORAL ARTERIAL PERCUTANEOUS APPROACH WITH ROUTINE SELDINGER TECHNIQUE AND LOCAL 1% Xylocaine ANESTHESIA. A #7 FRENCH SHEATH WAS INSERTED PERCUTANEOUSLY INTO THE RIGHT FEMORAL ARTERY, ASPIRATED, FLUSHED AND SUTURED IN PLACE FOLLOWING WHICH THE PATIENT WAS GIVEN 3000 UNITS OF HEPARIN INTRAVENOUSLY. EACH TIME A NEW CATHETER WAS EITHER INTRODUCED OR REMOVED, THIS WAS DONE OVER A J-TIPPED GUIDE WIRE WHOSE TIP WAS LEFT POSITIONED IN THE DESCENDING AORTA. A JUDKINS 4 RIGHT CORONARY CATHETER WAS ADVANCED ACROSS THE AORTIC VALVE INTO THE LEFT VENTRICLE AND A PULL-BACK WAS RECORDED. ROUTINE RIGHT AND LEFT JUDKINS STYLE CORONARY ANGIOGRAMS WERE ACCOMPLISHED IN MULTIPLE VIEWS WITHOUT DIFFICULTY. A LEFT VENTRICULOGRAM WAS DONE IN THE RIGHT ANTERIOR OBLIQUE PROJECTION WITH A PIG-TAIL CATHETER BY INJECTING 10ML OF CONTRAST PER SECOND TIMES FOUR SECONDS. THE PIG-TAIL WAS THEN WITHDRAWN OVER A GUIDE WIRE AND THE PATIENT WAS TAKEN TO THE HOLDING AREA WHERE THE SHEATH WAS REMOVED AND PRESSURE WAS APPLIED FOR TWENTY MINUTES TILL BLEEDING CEASED. THERE WERE NO APPARENT COMPLICATIONS.

1-7-91

JDB

THOMAS J. WOOL, M.D.

LEFT VENTRICLE: THE LEFT VENTRICLE IS OF NORMAL SIZE WITH NORMAL CONTRACTILITY. THE MITRAL VALVE IS COMPETENT. A PACEMAKER LEAD IS PRESENT WITH ITS TIP TERMINATING IN THE RIGHT VENTRICULAR APEX.

CONCLUSIONS:

1. NORMAL CORONARY ARTERIOGRAMS.
2. NORMAL LEFT VENTRICULOGRAM.

1-7-91

JDB

THOMAS J. WOOL, M.D.

JACKSON HOSPITAL & CLINIC, INC.
1235 FOREST AVENUE
MONTGOMERY, ALABAMA 36106

CARDIAC CATHETERIZATION REPORT

Name: CLEMMONS, WILLIE Hosp. No. 387963
Physician: WOOL Room No. 319 Date: 1/7/91
Age: 41 Sex: M Wgt: 166 BSA: 1.89 M² Rhythm: SINUS BRADYCARDIA
Procedure: LHC
Angiocardiograms CORONARY ANGIOGRAMS, LV GRAM
Diagnosis

SITE	PRESSURE		BLOOD O ₂ CONTENT		FICK DATA	REST	EXERCISE	
	PHASIC	MEAN	VOL %	% SAT'N				
SVC					O Consumption (ml/min/m ²)			
IVC					A-V Diff (ml100ml)			
RT ATRIUM					Systemic bid flow (l/min)			
RT VENT					Cardiac Index (L/min/m ²)			
PUL ARTERY					Heart Rate			
PUL CAP					THERMODILUTION DATA			
LT ATRIUM					Systemic bid flow (L/min)			
LT VENT					Cardiac Index (L/min/m ²)			
AORTA					RESISTANCES (DSC ⁵)			
BRACH ART					Pulmonary _____	Kp:Rs _____		
					Systemic _____			
ART O ₂ CAP					SHUNT CALCULATION (L/Min)			
					Systemic Blood flow			
					Pulmonary Blood flow			
					R L Shunt			
					L R Shunt			
					Net Shunt			
					Op:Os:			
VALVE DATA		MITRAL	AORTIC	Grid Distance				
Pk valve gradients (mmHg)				LV Gram Heart Rate				
Mean valve gradients (mmHg)				Angiographic Ejection Fraction				
Valve Areas (cm ²)				Angiographic Cardiac Output				
				TOTAL CONTRAST				

COMMENTS AND CONCLUSIONS:

HEMODYNAMIC DATA: THE RESTING LEFT HEART PRESSURES ARE NORMAL.

ANGIOGRAPHIC DATA:

RIGHT CORONARY ARTERY: THE RIGHT CORONARY ARTERY IS DOMINANT AND FREE OF OBSTRUCTING LESIONS.

LEFT MAIN CORONARY ARTERY: NORMAL.

LEFT ANTERIOR DESCENDING CORONARY ARTERY: NORMAL.

LEFT CIRCUMFLEX: NORMAL.

Southeastern Cardiology Consultants, P. C.

PATIENT: CLEMMONS, WILLIE J.

CHART NO: 10320

DATE: 07/25/03

PAGE TWO

The patient underwent exercise testing. At peak exercise, the patient was injected with 26.9 mCi TC 99 Myoview. The Myoview images showed homogenous uptake of the tracer distribution throughout the myocardium to suggest normal perfusion throughout the myocardium.

CONCLUSION:

- A. Negative dual isotope Myoview study.
- B. Gated wall motion analysis in the resting state showed normal wall motion.
- C. The post stress ejection fraction derived from quantitative gated SPECT is 56%.



Kenneth J. Wool, M.D., F.A.C.C.

KJW/dec

D: 07/25/03

T: 07/28/03

Route Results To: Thomas J. Wool, M.D., F.A.C.C.

CC: Mark Sonnier, M.D. (Staten Correctional Facility).

Scan No: 03-1511

Southeastern Cardiology Consultants, P.C.
 440 Taylor Road, Montgomery, Alabama 36117
 (334) 265-7075

CHART : 10320 DATE: 07/25/2003
 SSN : 418-74-8266 DOB : 01-10-1949
 PATIENT : CLEMMONS, WILLIE J AGE : 54
 DOCUMENT: Test Results

REQUESTING PHYSICIAN: Thomas J. Wool, M.D., F.A.C.C.

PRIMARY PHYSICIAN: Mark Sonnier, M.D. (Staton Correctional Facility)

STRESS TEST REPORT

After obtaining informed consent, the patient was brought to the stress lab where treadmill exercise testing was performed according to the Bruce protocol. Baseline data showed a resting heart rate of 68 beats per minute with a resting blood pressure of 166/88 mmHg. Resting EKG showed sinus rhythm.

The patient exercised for 6 minutes in the Bruce protocol achieving a maximum heart rate of 119 beats per minute which represents 75% predicted maximum heart rate for 54 years of age. Total exercise capacity was 7 mets. Blood pressure rose to 218/106 mmHg. The test was interrupted because of fatigue. There was no chest pain or any significant arrhythmias on the EKG. There were no exercise induced ischemic changes in the EKG.

CONCLUSION:

1. This test is considered clinically negative for exercise induced ischemia.
2. To the level of exercise achieved, there are no ischemic changes in the EKG.
3. Myoview was injected at peak exercise and images are pending.
4. Hypertensive response to exercise.



Pervaiz Malik, M.D.

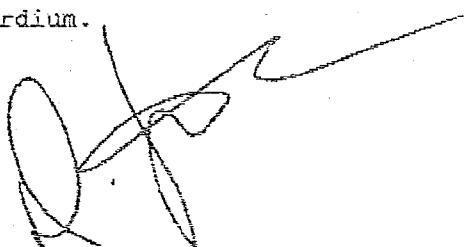
PAM/dec

D: 07/25/2003
 T: 07/28/2003

DUAL ISOTOPE MYOVIEW IMAGING REPORT

The patient was injected with 4.60 mCi Thallium at rest and images of the myocardium were obtained. There was homogenous uptake of tracer distribution throughout the myocardium to suggest viable myocardium.

(continued)



MALE
Loc: 1
Dr: DRTOMWOO
Tech: SW

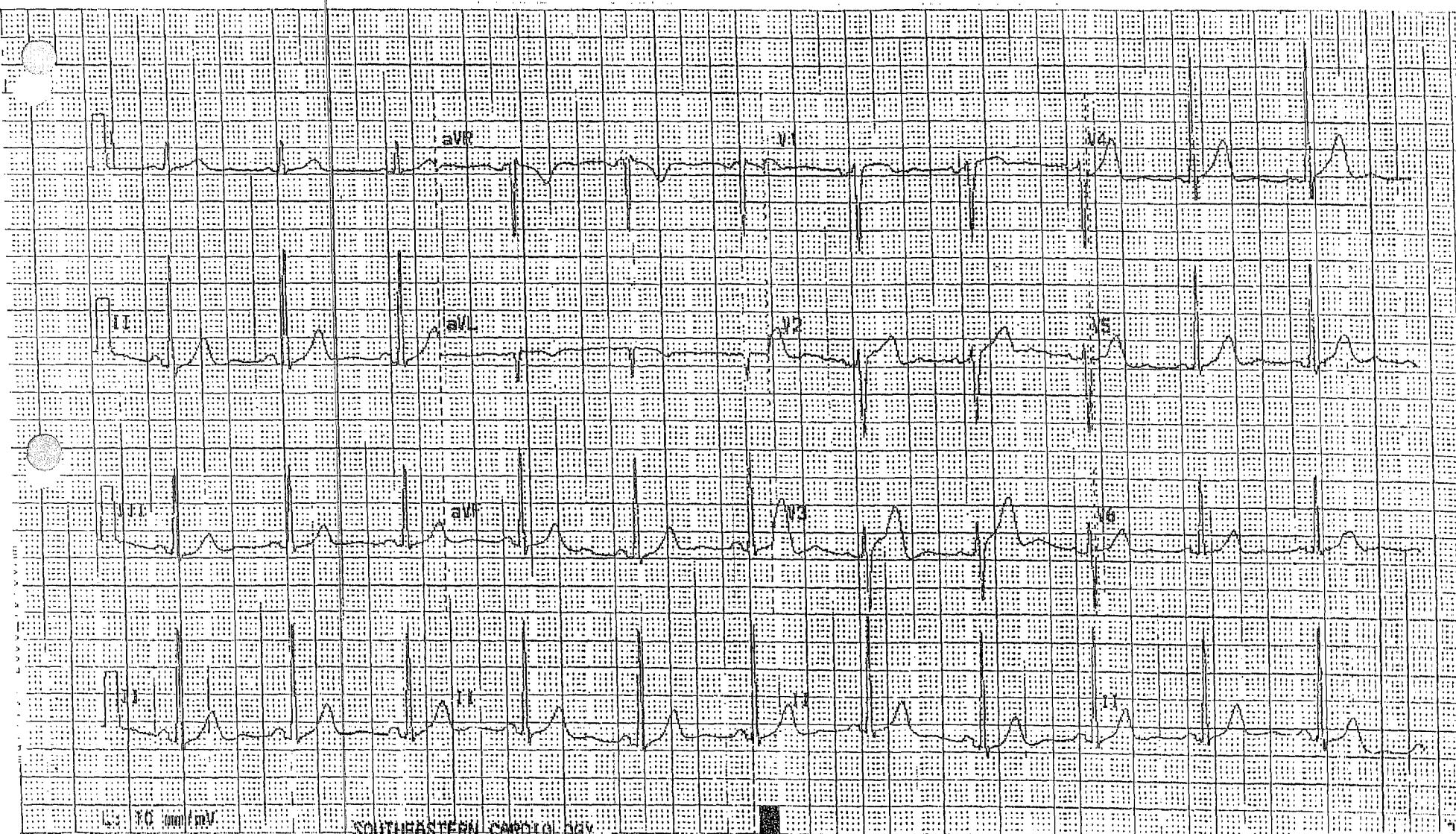
57 YEARS

Vent. Rate: 68 bpm
P Duration: 96 ms
QRS Duration: 80 ms
PR Interval: 126 ms
QT Interval: 376 ms
QTc Interval: 390 ms
QT Dispersion: 22 ms
P-R-T AXIS: 71° 76° 69°

Sinus rhythm

Normal ECG

* Unconfirmed Anal



Southeastern Cardiology Consultants, P.C.

Clemons, Willie J.
Chart No.: 10320
February 17, 2004
Page Two

AV: Delay

After-sense: 140 ms
After-pace: 200 ms.

V. PULSE:

Amplitude: 2.5 volts
Width: 0.40 ms.
Sensitivity: 4.0 mv.
Refractory: 230 ms.

A. PULSE:

Amplitude: 2.5 volts
Width: 0.46 ms.
Sensitivity: 1.4 mv.
PVARP: Auto

IMPRESSION AND PLAN: Normal DDDR pacing function. The only change made to the patient's device today was to slightly increase the atrial pulse width to allow for a greater safety margin. The patient is 66.4% a-sensed/v-sensed and 24.6% a-paced/v-sensed. He has had insignificant high rate episodes. He will continue his transtelephonic monitoring and return here in six months for a follow-up evaluation unless he is released from prison and then he will notify us of his whereabouts.

2/18/04 C Hamilton R
Cam Hamilton, R.N.

CH/TJW/slf
CC: SCD
DD: 2/17/04
DT: 2/17/04

Southeastern Cardiology Consultants, P.C.
2055 East South Blvd, Montgomery, Alabama 36116
(334) 613-0807

CHART : 10320
SSN : 418-74-8266
PATIENT : CLEMONS, WILLIE J
DOCUMENT: Clinic Note

DATE: 02/17/2004
DOB : 01-10-1949
AGE : 55

It was a pleasure seeing Mr. Clemons today for his routine pacemaker evaluation. He denies any symptoms that would indicate pacemaker problems and his site is normal. He is still in prison but states that he will be released soon, possibly in August. This will be around the time of his next evaluation and the patient was asked to inform us, should he be released, of his whereabouts.

PACEMAKER EVALUATION:

PACEMAKER INFORMATION:

Type of Device: Medtronic
Model No.: Kappa KDR 701
Date Implanted: 7/24/2000

Battery Voltage: 2.74 volts
Atrial lead impedance: 669 ohms
Ventricular lead impedance: 974 ohms
Underlying rhythm: Sinus rhythm.

SENSITIVITY THRESHOLDS:

Atrial sensitivity: 1.4 to 2.0 mv.
Ventricular sensitivity: 11.2 to 15.68 mv.

THRESHOLD CAPTURE MARGIN TEST:

Atrial amplitude: 0.75 volts @ 1 ms.
Atrial pulse width: 0.09 ms. @ 1.5 volts
Ventricular amplitude: 0.75 volts @ 1 ms.
Ventricular pulse width: 0.12 ms. @ 1.5 volts

FINAL SETTINGS:

Mode: DDDR
Mode Switch: On
Lower Rate: 60
Upper Rate: 120

(continued)

Southeastern Cardiology Consultants, P.C.
Clemmons, Willie J.
Chart No: 10320
July 19, 2005
Page Two

PACEMAKER EVALUATION: I interrogated and tested his pacemaker. No changes were made in the programmed parameters which are as follows: Mode DDDR. Mode switch on. Detect rate 150. Lower rate 60. Upper rate 120. AV paced and sensed intervals are 200 and 140. Atrial lead amplitude 2.5, pulse width 0.46, sensitivity 1.40. Ventricular lead amplitude 2.5, pulse width 0.64, sensitivity 4.0. His underlying rhythm today is sinus. Lead impedances are 647 RA and 846 RV. He has an estimated 56 months of battery life remaining. He has had rare mode switch episodes. Underlying rhythm today is sinus. His atrial amplitude threshold at 0.52 ms is 0.5 volts. His atrial pulse width threshold at 2 volts is 0.03 ms. P waves measure 1.4 to 2 mV and R waves 11 to 16 mV.

IMPRESSION AND PLAN: Pacemaker function is normal and the patient has many years of remaining battery life. His blood pressure is not well controlled. On the consult form to be returned to the jail, I suggested that they add Norvasc 5 to 10 mg a day.

Thomas J. Wool, M.D., FACC, FSCAI

TJW/jb

CC: Dr. Mark Sonnier
Staton Correctional Facility

DD: 07/19/05

DT: 07/19/05

Southeastern Cardiology Consultants, P.C.
2055 East South Blvd, Montgomery, Alabama 36116
(334) 613-0807

CHART : 10320

DATE: 07/19/2005

SSN : 418-74-8266

DOB : 01-10-1949

PATIENT : CLEMONS, WILLIE J

AGE : 56

DOCUMENT: CLINIC NOTE

PRIMARY PHYSICIAN:

Dr. Mark Sonnier
Staton Correctional Facility
P.O. Box 56
Elmore, AL 36025

PROBLEM LIST:

1. Status post permanent pacemaker implantation 10/90, latest revision 07/2000.
2. Hypertension.

MEDICATIONS: Atenolol 50 mg 1 qd and ASA coated 325 mg 1 qd.

ALLERGIES: No known drug allergies.

INTERVAL HISTORY: Mr. Clemons comes in today for a pacemaker evaluation. He has no cardiac related complaints. He apparently told some people at the jail that his pacemaker had stopped working. He states that this was based on what he was told by an emergency room doctor in Prattville.

PHYSICAL EXAM:

VITAL SIGNS: HT- 5' 8"
WT- 150
BP- 177/102 sitting; 179/08 standing.
HR- 69

LUNGS: Clear.

CARDIAC EXAM: Regular rhythm, no murmur. No carotid bruits. No JVD or edema.

EKG: The 12-lead EKG is normal.

Continued...

Southeastern Cardiology Consultants

Name: Willie J. Clemons Chart Number: 10320

Allergies: None



CONFIDENTIAL FACSIMILE COVER SHEET

If this facsimile is received in error, please notify Sender.

Date: 2/11/08 Pages (Including Cover Sheet) 2

To: Dr. Thomas Woods Sender: Paula Moates, RN

Fax Number: 334-386-4175 Fax Number: 334-358-4982

Phone Number: 334-613-0307 Phone Number: 334-361-2606

Urgent

For Your Review

Reply ASAP

Please Comment

Comments:

Re: Willie Clemons

Atlanta. Ga

Office 100

613-0081

Kachayl

FAXED
2/11/08

The Documents accompanying this transmission may contain confidential health information that is protected by law. This information is intended only for the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.

**QUALITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATION**

Willie Clemons
Name of Inmate Clemons

Name of Inmat

Dr Thomas Woods
Facility Releasing Information

418-74-8266 1/10/49
Inmate ID Number / Date of Birth

Inmate ID Number / Date of Birth

2/25/08

Date

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

Records related to treatment of Cardiac
from 2006 to present

Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

- Admission Reports Discharge Reports Operative Summary Reports
 X-Ray Reports Special Studies Reports Laboratory Reports
 Immunization History Mental Health Reports Psychiatric Summary Report
 Drug Treatment History and Counseling
 Other Records

Astoria Medical Center
Facility/Provider to Receive Information

Facility/Provider to Receive Information

334-358-4827

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of the State.

I understand this authorization shall remain in full force and effect for the period of three years, unless withdrawn in writing by me.

I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

Xellie Clemons
Inmate Signature

7-25-38

三

J. Russell Jr.
W. Prince

NOTES MUST BE SIGNED BY PHYSICIAN

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN	NAME - LAST	FIRST	MIDDLE	DOC
3/18/88	8:30 AM	Mr. Edward Wessell, Doctor of Podiatric Medicine has been seen by Dr. James L. Gandy, DPM. No laboratory studies were ordered. See notes.	Wessell	Edward	Wessell	EDW

02/07/2008 10:58 DOCUMENT



CONFIDENTIAL FACSIMILE COVER SHEET

If this facsimile is received in error, please notify sender.

Date: 2/7/08Pages (Including Cover Sheet) 2

To:

Sender: J. L. Lawrence et al. / Metro Jail

Fax Number:

Fax Number: 334 358-4827

Phone Number:

Phone Number: 334-361-2606 Urgent For Your Review Reply ASAP Please Comment

Comments:

Autauga Metro Jail.

No cardiac record at Baptist South

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If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.

QCHC SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie Clemons Inmate I.D. Number _____

Social Security No. _____

Housing Unit _____

Medical Problem (be specific): I am having Pains from broken foot
that was left in my burns by the Dentist. I am also suffering from Chest
Pains due to the fact that I need nitro medication and a new pacemaker
replacement. I need my mental health medication and hepatitis C treatment.
 Inmate's Signature Willie Clemons Date 2-25-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

_____O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

_____A: _____

_____P: Obtain MH records & medical
records

_____E: _____

_____Disposition: _____

_____Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

QCHC SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie Clemons Inmate I.D. Number _____Social Security No. 7

Housing Unit _____

Medical Problem (be specific): I had a black out and getting out of bed and slip ~~down~~ down and ~~fall~~ hurt my back an neck I also need blood P. pills, for my H. blood P.

Inmate's Signature: Willie J. Clemons Date 3-26-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: "I pulled my tooth & left some in there. I need some pain pills"

O: T: 98.3 R: 63 RR: 20 BP: 142/82 WT: 180 lbs Pulse Ox: 98 %

A:

P: GMotrin 800 mg BID X 3 days

E:

Disposition:

Nursing Protocol: _____

Provider's Signature: Lawrence Date 3/26/08 Time _____Referred to Physician: Appointment Date _____ Time _____

QCHC Off-Site Consultation Request

FROM: Autauga County Jail
 Phone Number: (334) 358-3729 Ext: 226
 Fax: (334) 358-4827

BILL TO: QCHC, Inc.
 200 Narrows Parkway, Suite A
 Birmingham, AL 35242
 Corporate Number (205) 437-1512

Date & Time: 2/19/08 1100 AM Patient's Name: Willie Clmons
 DOB: 1/10/49 SS #: 418-74-8266 Sex: M F Inmate Loc: 9
 Site Contact: Raula Mcates, Jr Off-Site Facility: Dr. Roberson
 Off-Site Address & Phone # 365-2238

Complaint/Significant Medical Data (Chronic conditions, allergies, current meds, lab & x-ray results, treatments, etc.)

CC: pain U.L.

DX: broken infected #12, 13

Instructions to Off-Site Provider: Authorization is provided ONLY for requested procedure and treatment of life-threatening conditions. Prior approval from QCHC's Medical Director is required for additional procedures or hospitalization. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. Because of security concerns, inmates must NOT be informed of follow-up appointments or possible hospitalization. Please note we have a NO NAROOTIC policy. Complete bottom portion of this Off-Site Consultation form and return in a sealed envelope with the Correctional Officer when the inmate is returned to the facility or fax to the site fax number listed above. Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County compact.

Significant Findings/Tesis Completed/Diagnosis:

PTP

Treatment Provided: TX! 3-C- my # 12-13

Orders/Recommendations: rx alprazolam 800 mg bid x 3 days
V. 2/19/08

Date/Time: 19 Feb 08

J. D. H.

MD

QUALITY CORRECTIONAL HEALTH CARE
RELEASE OF INFORMATION AUTHORIZATION

Willie Clemmons
Name of Inmate

418-74-8266 1/10/49
Inmate ID Number / Date of Birth

Prattville Mental Health
Facility Releasing Information

2/25/08
Date

Autauga County

I hereby give my consent to QCHC and the above named facility to release the following information from my medical record to the facility/provider listed below:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Records related to treatment of _____
from _____ to _____. | <input type="checkbox"/> Admission Reports | <input type="checkbox"/> Discharge Reports | <input type="checkbox"/> Operative Summary Reports |
| <input checked="" type="checkbox"/> Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care. | <input type="checkbox"/> X-Ray Reports | <input type="checkbox"/> Special Studies Reports | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Immunization History | <input checked="" type="checkbox"/> Mental Health Reports | <input type="checkbox"/> Psychiatric Summary Report | <input type="checkbox"/> Drug Treatment History and Counseling |
| <input type="checkbox"/> Other Records _____ | | | |

Autauga Metro Jail
Facility/Provider to Receive Information

334-358-4827

Please Send Records to:

No Records Found ()

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly, and I release QCHC and the facility from any liability which may result from such release of information.

Willie Clemmons
Inmate Signature

2-25-08
Date

Witness _____

Witness _____

**QCHC
PHYSICIAN'S PROGRESS NOTES**

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
1/21/08		<p>S- Pt - 45 yrs old pain and lip swelling. VS BP A. Dim. Swelling of lower. Prolapse. Mouth & jaw a small in the way of molar teeth.</p> <p>o- Bl 140/100 P 60 R 20 Aft. SB 99% on WO the fluid ml. is no distinct layer.</p> <p>Not RHR</p> <p>Mild chf with tender</p> <p>1) Hx of Hypert</p> <p>2) Hx of Med. Nut. Dent.</p> <p>3) Oble all same</p> <p>21. Ofrate</p> <p>31. Ambi ECG</p> <p style="text-align: right;">✓</p>
2/27/08		<p>S- Pt - 45 tender at the buccal hi mouth swelling i 2000. 2. But with upper mol Prolapse - part the and sin left 3. pain spot. Pulse by 65.</p> <p>A) Fix tooth</p> <p>B) Prolapse</p> <p>1-1 Pt up not = Prolapse.</p> <p style="text-align: right;">✓</p>
NAME- LAST Clemons	FIRST Willie	MIDDLE DOB

Check one: Dental Medical Mental Health

Name: Willie Clemons Inmate I.D. Number _____

Social Security No. _____

Housing Unit 7

Medical Problem (be specific):

I have Chest Pains, I suffer from lower stomach back Pains, head aches

I need mental Health medications, toothache

Inmate's Signature Willie Clemons Date _____ Time _____

FOR MEDICAL UNIT USE ONLY

S: States, "I have regular BM's." Had Chest pains before coming in. Started having stomach pain 3 days ago.

O: T 97³ P 62 RR 18 BP 180/100 WT _____ Pulse Ox 98 :%

C/o sharp pains around lower abdomen & back. ib pain. Sharp pains in chest "g".

Has pacemaker @ chest area, pacemaker put in 2008.

A: Chest congestion noted. B/s x 4 quad. of pressure on chest. Tim states "I'm on mental health meds, clorazepate, depakote."

P: Ibuprofen, BID X 3 days.

E: _____

Disposition: _____

Nursing Protocol: D. Maitles, RN

Provider's Signature: _____ Date 1/21/08 Time _____

Referred to Physician Appointment Date _____ Time _____

B
BP

QCHC SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie J. Clemmons Inmate I.D. Number _____

Social Security No. _____

Housing Unit _____

Medical Problem (be specific): I still have tooth aches because I still have a tooth to be pulled. I still need my pace marker replacement and monitorised, I also needs my mental health medication, my neck and back Pains

Inmate's Signature Willie Clemmons Date 2-4-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

_____O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

_____A: _____

_____P: _____

_____E: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

QCHC SICK CALL REQUEST

Check one: Dental Medical Mental HealthName: Willie J. Clemmons Inmate I.D. Number _____

Social Security No. _____

Housing Unit D-723

Medical Problem (be specific): I need nitro medication for my hart, I need A new Pace maker For my hart, I need my mental Health ^{Medication} because I can sleep and I hear voices, I also need my old monitorized, I need medicatio
 Inmate's Signature Willie J. Clemmons Date 2-18-08 Time For a running tooth or

FOR MEDICAL UNIT USE ONLY

S: _____

O: T _____ P _____ RR _____ BP _____ WT _____ Pulse Ox _____ %

A: _____

P: _____

E: _____

2/18/08

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

Check one: Legal Medical Mental HealthName: Willie J. Clemmons Inmate I.D. Number _____Social Security No. 418-74-83663Housing Unit D 703

Medical Problem (be specific): I need medication for a bad teeth that need pulling. (1) I can't sleep at night

(2) hearing voices & need my mental health medication

(3) I need my pacemaker monitoring (4) my blood pressure is high all the time

Inmate's Signature Willie J. Clemmons Date 1-6-08 Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

O: T 97 P 71 RR 20 BP 142/88 WT _____ Pulse Ox 99 %

A: _____

P: On Dental List = Appt

Metformin 400 mg BID X 7 days

Obtain records

E: faxed request
2/7/08

Disposition: _____

Nursing Protocol: _____

Provider's Signature: John Lawrence Date 2/8/08 Time _____

Referred to Physician _____ Appointment Date _____ Time _____

Check one:

Initial

Medical

ental Health

Name: Willie JR. Clemons Inmate I.D. Number _____

Social Security No. _____

Housing Unit N- 703Medical Problem (be specific): I have a toothache from 4 bad teeth that need to be pull.Inmate's Signature Willie Clemons Date _____ Time _____

FOR MEDICAL UNIT USE ONLY

S: _____

O: T 97^b P 68 RR 20 BP 144
90WT Pulse Ox 99 %broken tooth & cavity (L) ↑ backA: toothacheP: Tbu 800mg + Po BID X 3 days
Put on dental list

E: _____

Disposition:

Paula D'Amato, LPN 1/29/08

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician Appointment Date _____ Time _____

**QCHC
NURSE'S NOTES**

DATE	TIME	
3/22/08	11:5 AM	During H&P, I asked I/m 3 times was he suicidal and he answered yes. Officer Matthews asked I/m one more time if he wanted to commit suicide and he stated, "yes." I/m put into Isolation for observation <u>P. Mates, L</u>
3/27/08	5:00 pm	At pill call, I/m refused to take his meds stating, "I ain't taking that, I ain't taking nothing from you lady. Someone will be coming to see you in a couple of days." <u>P. Mates, L</u>
4/2/08	8 AM	Inmate stated he felt his blood pressure was high, he had several headaches in the past few days, he requested to have his pressure taken this am. Nurse in the med office, BP 180 at this time. Inmate stated his BP would be checked twice a week. <u>Jenice Wimberly</u>
4/5/08	8 AM	I/m came to medical for routine B/P check 3/32. Stated, "my head hurts a little." <u>P. Mates, L</u>
	10:25	I/m brought back to medical. MD ordered 0.2 mg Cloridine X1 dose. Will recheck in one hour. <u>P. Mates, L</u>
	11:30 AM	I/m B/P 140/78 P78. MD ordered Novace 5mg QD. <u>P. Mates, L</u>

NAME- LAST	FIRST	MIDDLE	DOB
Clemmons	Willie		1-10-49